

DEPARTMENTAL INPUT
CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION

New ☐ OTR ☐ Sole Source ☐ Bid Waiver ☐ Emergency
Contract

Previous Contract/Project No.
N/A

Re-Bid ☐ Other- ITQ ☒

LIVING WAGE APPLIES: ☐ YES ☒ NO

Requisition No./Project No.: RQID1200114

TERM OF CONTRACT 1 YEAR(S) ☐ OTR

Requisition /Project Title: Refurbish of Mattress

Description:

To provide refurbishing services to Miami-Dade Corrections and Rehabilitation Department.

Issuing Department: ISD

Contact Person: Sherry Clentscale

Phone: 305-375-2179

Estimate Cost: 180,000

GENERAL FEDERAL

OTHER

Funding Source:

X

ANALYSIS

Commodity Codes: 420-68

Contract/Project History of previous purchases three (3) years

Check here ☐ if this is a new contract/purchase with no previous history.

	<u>EXISTING</u>	<u>2ND YEAR</u>	<u>3RD YEAR</u>
Contractor:			
Small Business Enterprise:			
Contract Value:	\$	\$	\$

Comments:

Continued on another page (s):

☐ YES ☐ NO

RECOMMENDATIONS

	<u>Set-aside</u>	<u>Sub-contractor goal</u>	<u>Bid preference</u>	<u>Selection factor</u>
SBE				

Basis of recommendation:

Signed: Sherry Clentscale

Date sent to SBD: 07/17/12

Date returned to DPM:

Revised April 2005

RECEIVED
DEPT. BUSINESS DEV.
2012 JUL 17 PM 3:43



INVITATION TO QUOTE

MIAMI-DADE COUNTY

Internal Services Department, Procurement Management Services
111 NW 1st Street, Suite 1300
Miami, Florida 33128-1974
ATTN: SHERRY CLENTSCALE

**THIS IS NOT
AN ORDER**

QUOTATION NO.: 071712-002-SC

DUE DATE: Friday, July 20, 2012

TIME: 2:00 PM

CONTRACT NO/ TITLE.: Refurbishment of Mattress Services

FAX: (305) 375-5688

CONTACT PERSON: Sherry Clentscale

PHONE: (305) 375-2179

SEALED QUOTE REQUIRED: ☐ YES ☒ NO

SPECIAL NOTE: Failure to complete and sign this form renders your bid/quotation non-responsive and ineligible for award.

Please refer to the technical specifications on page 4.

Item	Estimated Quantities	Description	Unit cost per each
		Refurbishing of Mattresses as per the Technical Specifications	
1	3,000 each	Refurbish Mattresses	\$ /Ea

Payment Terms: Net 30 Days

Method of Award: Single Lowest Priced Bidder in the Aggregate

The resultant contract shall commence upon the Notice to Proceed issued by Miami-Dade Department of Corrections and Rehabilitation (MDCR) and shall remain in effect for twelve (12) months and upon completion of the expressed and/or implied warranty periods.

Pursuant to Miami-Dade County Ordinance 94-34, any individual, corporation, partnership, joint venture or other legal entity having an officer, director, or executive who has been convicted of a felony during the past ten (10) years shall disclose this information prior to entering into a contract with or receiving funding from the County.

☐ Place a check mark here only if bidder has such conviction to disclose to comply with this requirement.

LOCAL PREFERENCE CERTIFICATION: For the purpose of this certification, a "local business" is a business located within the limits of Miami-Dade County (or Broward County in accordance with the Interlocal Agreement between the two counties) that conforms with the provisions of Section 1.10 of the General Terms and Conditions of this solicitation and contributes to the economic development of the community in a verifiable and measurable way. This may include, but not be limited to, the retention and expansion of employment opportunities and the support and increase to the County's tax base.

☐ Place a check mark here only if affirming bidder meets requirements for Local Preference. **Failure to complete this certification at this time (by checking the box above) shall render the vendor ineligible for Local Preference.**

LOCAL CERTIFIED SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE CERTIFICATION: A Local Certified Service-Disabled Veteran Business Enterprise is a firm that is (a) a local business pursuant to Section 2-8.5 of the Code of Miami-Dade County and (b) prior to bid submission is certified by the State of Florida Department of Management Services as a service-disabled veteran business enterprise pursuant to Section 295.187 of the Florida Statutes.

☐ Place a check mark here only if affirming bidder is a Local Certified Service-Disabled Veteran Business Enterprise. A copy of the certification must be submitted with this proposal.

ACKNOWLEDGEMENT OF ADDENDA

Addenda Received: ☐ Yes ☐ No

If yes, please indicate the number of addenda received: _____

It is hereby certified and affirmed that the bidder shall accept any awards made as a result of this quotation. Bidder further agrees that prices quoted will remain fixed for a period of one hundred eighty (180) days from date quotation is due. If awarded a purchases order or contract as a result of this solicitation, bidder further agrees that prices quoted shall remain fixed and firm for the term of the contract.

Authorized Signature: _____ Title: _____

Print/Type Name: _____ Phone: _____

E-mail: _____ Fax: _____

Firm Name: _____ F.E.I.N. No.: ____/____-____/____/____/____/____/____

Address: _____ City: _____ State: _____

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF PROPOSER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED ABOVE BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER THE PROPOSAL NON-RESPONSIVE. THE COUNTY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE PROPOSER TO THE TERMS OF ITS OFFER.

INSTRUCTIONS TO BIDDERS

1. Bidder must submit the quote by the specified time and date indicated on the front of this form to the Internal Services Department, Procurement Management, to the attention of the contact person, at the address indicated on this ITQ.
2. **Quotes received after the time and date specified, and after any other quotes have been opened shall not be accepted.**
3. Requests for additional information or clarification must be made in writing to the contact person identified on the front of this ITQ three (3) days prior to the scheduled opening date. The County will issue additional information by written addenda prior to the scheduled opening date. It is the bidder's responsibility to assure receipt of all addenda. Addenda should be acknowledged.

SPECIAL CONDITIONS

1) METHOD OF AWARD: To a Single Lowest Priced Vendor In The Aggregate

Award of this contract will be made to the responsive, responsible vendor who submits an offer on all items listed in the solicitation and whose offer represents the lowest price when all items are added in the aggregate. If a vendor fails to submit an offer on all items, its overall offer may be rejected. The County will award the total contract to a single vendor.

2) LICENSE, CERTIFICATES, AND PERMITS

The vendor must comply with all laws, ordinances, regulations and building code requirements applicable to do the work specified herein. Damages, penalties and/ or fines imposed on the County or the vendor for failure to obtain required licenses, permits or fines shall be borne by the vendor. The awarded vendor shall obtain and pay for all required licenses, certificates, permits and related fees required for the completion of projects.

3) ACCIDENT PREVENTION AND REGULATIONS

Precautions shall be exercised at all times for the protection of persons and property. All contractors and sub-contractors shall conform to all OSHA, State and County regulations while performing under the Terms and Conditions of this contract. Any fines levied by the above mentioned authorities because of inadequacies to comply with these requirements shall be borne solely by the bidder responsible for same.

4) LABOR, MATERIALS, AND EQUIPMENT SHALL BE SUPPLIED BY THE BIDDER

Unless otherwise provided in this Invitation to Quote entitled "Technical Specifications", the vendor shall furnish all labor, material and equipment necessary for satisfactory contract performance. When not specifically identified in the technical specifications, such materials and equipment shall be of a suitable type and grade for the purpose. All material, workmanship, and equipment shall be subject to the inspection and approval of the County.

5) AUTHORITY TO CONTRACT

Any vendor that is awarded a contract under this procurement is attesting that it is authorized to enter into the contract and is not suspended, debarred or otherwise prohibited from entering into the contract under the terms of Title 7, Code of Federal Regulations, Part 3017.

6) CONE OF SILENCE

Pursuant to Section 2-11.1(t) of the County Code, all bid Solicitations, once advertised and until an award recommendation has been forwarded to the appropriate authority are under the "Cone of Silence". Any communication or inquiries, except for clarification of process or procedure already contained in the solicitation are to be made in writing to the attention of the Procurement Officer identified on the front page of the solicitation. Such inquires or request for information shall be submitted to the procurement officer in writing and shall contain the requester's name, address, and telephone number. If transmitted by facsimile, the request should also include a cover sheet with Bidder's facsimile number. The requestor must also file a copy of this written request with the Clerk of the Board, 111 NW 1st Street, 17th Floor, suite 202, Miami, FL 33128 or email clerkbcc@miamidade.gov.

TECHNICAL SPECIFICATIONS

REFURBISHING OF MATTRESSES

3.1 SCOPE

This contract is being established to purchase services to refurbish mattresses for the Miami-Dade Department of Corrections and Rehabilitation (MDCR) in conjunction with the needs of Miami-Dade County.

3.2 SERVICES

The core mattress refurbishing process includes sanitizing the core of the mattresses with a chemical sanitizing agent (STERIFAB) capable of destroying bacteria and pathogens that will not damage or reduce the fire retardant properties of the mattress cover.

Once sanitized, the mattresses must be recovered and sealed with a new outer cover made of Spectex CR safeguard vinyl (Clear view). Spectex Clear view is an (11.5) ounce extruded PVC with a scrim designed to enhance the strength of the material. The covers have an estimated life of five months, while the mattresses have an estimated useful life of five years.

3.3 PICK-UP AND DELIVERY

Damaged mattresses must be pick-up at MDCR warehouse located at 7845/7855 N.W. 148th street Miami Lakes, FL 33016. Approximately 750-1000 mattresses (one truck load, depending on the truck size), will be picked-up on a quarterly basis.

Upon completion of the refurbishment of mattresses; mattresses must be delivered to MDCR MDCR warehouse within 30 days of pick-up.

Affirmation of Business Entity Affidavits

In accordance with Ordinance 07-143 amending Section 2-8.1 of the Code of Miami-Dade County, effective June 1, 2008, bidder are required to complete a new Vendor Registration Package, including a Uniform Affidavit Packet (Affidavits Form), before they can be awarded a contract. The undersigned affirms that the Affidavit form submitted with the Vendor Registration Package is current, complete and accurate for each affidavit listed below.

Contract No. : _____ Federal Employer
Identification Number (FEIN): _____

Contract Title:

Affidavits and Legislation/ Governing Body

1.	Miami-Dade County Ownership Disclosure Sec. 2-8.1 of the County Code	6.	Miami-Dade County Obligation to County Section 2-8.1 of the County Code
2.	Miami-Dade County Employment Disclosure County Ordinance No. 90-133, amending Section 2.8-1(d)(2) of the County Code	7.	Miami-Dade County Code of Business Ethics Article 1, Section 2-8.1(i) and 2-11(b)(1) of the County Code through (6) and (9) of the County Code and County Ordinance No 00-1 amending Section 2-11.1(c) of the County Code
3.	Miami-Dade Employment Drug-free Workplace Certification Section 2-8.1.2(b) of the County Code	8.	Family Leave Article V of Chapter 11 of the County Code
4.	Miami-Dade Disability Non-Discrimination Article 1, Section 2-8.1.5 (AA) Resolution R182-00 amending R-385-95	9.	Living Wage Section 2-8.9 of the County Code
5.	Miami-Dade County Debarment Disclosure Section 10.38 of the County Code	10.	Domestic Leave and Reporting Article 8, Section 11A-60 11A-67 of the County Code

Printed Name of Affiant

Printed Title of Affiant

Signature of Affiant

Name of Firm

Date _____

Address of Firm

State

Zip Code

Notary Public Information

Notary Public – State of _____ County of _____

Subscribed and sworn to (or affirmed) before me this _____ day of, _____, 20____.

by _____ He or she is personally known to me ☐ or has produced identification ☐

Type of identification produced

Signature of Notary Public

Serial Number

Print or Stamp of Notary Public

Expiration Date

Notary Public Seal

Walters, Vivian (RER)

From: Clentscale, Sherry (ISD)
Sent: Tuesday, July 17, 2012 3:37 PM
To: Walters, Vivian (RER)
Subject: RE: Project for review: RQID1200114
Attachments: SBD input document.pdf

Sherry Clentscale, CPPB



*Procurement Contracting Officer
Internal Services Department*

Ph: 305-375-2179

Fx: 305-375-5688

Email: scents@miamidade.gov

Visit our Website: www.co.miami.dade.fl.us/dpm

"Delivering Excellence Every Day"

From: Clentscale, Sherry (ISD)
Sent: Tuesday, July 17, 2012 3:25 PM
To: Walters, Vivian (SBD)
Subject: Project for review: RQID1200114
Importance: High

Good afternoon Vivian,

Please see the attached project for review.

Dept of Corrections and Rehabilitation

\$180,000

General Funds

Regards,

Sherry Clentscale, CPPB



*Procurement Contracting Officer
Internal Services Department*

Ph: 305-375-2179

Fx: 305-375-5688

Email: scents@miamidade.gov

Visit our Website: www.co.miami.dade.fl.us/dpm

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